

Vacation Bible School 2009

Registration Form

WM _____
DAYS _____
Office use only

JUNE 8-12 9am – 12:00 noon
MUST be 4 years old by 9/30/08 – completed 5th grade
 Classes available for birth through Preschool for VBS workers



Complete 1 form for each child.
 Please complete all of the information (PLEASE PRINT):

Child's Name _____ Phone _____
 Address _____
 Address _____ Zip _____

Male ____ Female ____ Birth date _____ Age ____ Grade Completed _____

Are you attending VBS with a friend? If yes, who? _____ Grade _____

Do you currently attend church? _____ If yes, where? _____

Parent's/Guardian's names: Mother _____ Father _____
 Guardian _____

Emergency Information - Phone numbers

Mother (H) _____ (W) _____ (C) _____
 Father (H) _____ (W) _____ (C) _____

FOOD ALLERGIES: _____
 Additional Medical Information _____

Will you (parent) be picking up your child? Yes ____ No ____
 If no, who is authorized to pick up your child? _____
 If parent is working in VBS, where? _____

If a medical emergency should arise with my child and I cannot be contacted, I hereby give permission to a licensed CPR/First Aid coordinator/teacher to administer CPR and/or First Aid, and permission to the coordinator/teacher to select a physician and/or hospital for my child's care. I hereby also give the hospital and/or physician, as selected by the coordinator/teacher, my permission to hospitalize, treat, and to order injections, anesthesia, and/or surgery for my child, whose name appears on this form.

Parent or Guardian Signature

DATE



First Baptist Church of Lenoir City
 Pastor Chris, Children's Ministries
 2085 Simpson Road East
 Lenoir City, TN 37772
 986-9066